

013157

Applicant(s)

Filing Date

\* May be used for additional claims or amendments

CLAIMS	ORIGINAL CLAIMS		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
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14						
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44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	3					
Total Claims	10					

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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94						
95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						